

Experimental Cervical Esophageal Perforations in Rats

Cervical Esophageal Perforation

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To the editor:

We read with interest the paper by Çubuk et al. [1]. Thank the authors for sharing their experiences with us.

Despite advances in the field of surgical technique, medical equipment, and patient care esophageal injuries still have high morbidity and mortality rates of up to 60 % [2]. The primary surgical repair of esophageal injury before 24 hours is a generally accepted approach in clinical practice [3].

Esophageal perforation model described in the article is created by surgical dissection, after exposing the cervical esophagus. This situation does not represent an iatrogenic injury to the cervical esophagus mostly by instrumentation in clinical status, where there is continued integrity of surrounding tissue. The localization of the perforation in esophageal wall after endoscopic procedures in the clinic practice is not classified as a prognostic factor. The difference between the anterior and lateral perforation groups in the study, is explained by support of trachea to anterior repaired area. A Study including a group followed up conservatively with esophageal perforation created without dissection of the cervical esophagus may be designed to guide clinical practice.

References

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